Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	45E25925	Address:	<u>497</u> 1 N	4/s 31
			EDM ON ON	IN
County:	Barn		46	
Type of Laboratory Seizure (check one)		Seizure Location (cheek all that apply)		
▼ Operatio □ Chemica □ Dumpsit	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Mo ☐ Open No ☐ Other:	tel o Structure
Ttems Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):				
▼ Flammable Solvents: Tale				
Water Reactive Metal (Lithium): Reactive, Sappe Barrer				
Anhydrous Ammonia: Z Cylinous				
Rydrochloric Acid Gas Generator(s): Nestle B.#1.				
Corrosive Acid: 11Ch que. Silhue And				
Corrosive Base: Reason Visa d				
Other (item and location): Cook Filter, E-c				
☐ Yes 【 No	r age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrine ☐ Retail/Mo	Information Pseudocphedr rehant Tip	inc Tracking Log
This report is to be faxed to the following agencies that serve the location:				
Fire Departs	ment: Eowayh VED	•	26-3536	
	artment: Barre	Fax: (<u>ұл</u>г.) Fax: <u>щ</u>		
Child Protec	ction Service: NA			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone Phone 912-679-5000				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.